

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594589

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		3		3		
5	①			1		
6	①			1		
7	1		1			
8		1		1		
9						
10		1		1		
11	①			1		
12	①			1		
13	1		1			
14		1		1		
15	2		2			
16	①			1		
17	①			1		
18	①			1		
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47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	19	←	19	←		←
TOTAL CLAIMS	23		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						